



BIR Form No.

2316

January 2018 (ENCS)

Certificate of Compensation
Payment/Tax Withheld

For Compensation Payment With or Without Tax Withheld



2316 01/18ENCS

Fill in all applicable spaces. Mark all appropriate boxes with an "X".

1 For the Year (YYYY)	2 0 2 2	2 For the Period From (MM/DD) To (MM/DD)	0 1 0 1 1 2 3 1
Part I - Employee Information		Part IV-B Details of Compensation Income & Tax Withheld from Present Employer	
3 TIN	9 1 3 - 3 1 8 - 5 9 2 - 0 0 0 0	A. NON-TAXABLE/EXEMPT COMPENSATION INCOME	
4 Employee's Name (Last Name, First Name, Middle Name)	MANIGBAS, JOHNETTE AREVALO	5 RDO Code	1 2 6
6 Registered Address	Block 5 Lot 16 Unit A Mars St. Estrella Homes 2, 169, Caloocan City, 1612	6A ZIP Code	
6B Local Home Address		6C ZIP Code	
6D Foreign Address			
7 Date of Birth (MM/DD/YYYY)	1 0 0 4 1 9 7 3	8 Contact Number	
9 Statutory Minimum Wage rate per day		27 Basic Salary (including the exempt P250,000 below) or the Statutory Minimum Wage of the MWE	
10 Statutory Minimum Wage rate per month		28 Holiday Pay (MWE)	
11 <input type="checkbox"/> Minimum Wage Earner (MWE) whose compensation is exempt from withholding tax and not subject to income tax		29 Overtime Pay (MWE)	
Part II - Employer Information (Present)		30 Night Shift Differential (MWE)	
12 TIN	2 0 5 - 3 6 6 - 9 2 1 - 0 0 0 0	31 Hazard Pay (MWE)	
13 Employer's Name	CONCENTRIX CVG PHILIPPINES, INC.	32 13th Month Pay and Other Benefits (maximum of P90,000)	46,057.12
14 Registered Address	GF, 14TH TO 25TH FLOORS AYALA NORTH EXCHANGE TOWER 2, SAN LORENZO, MAKATI CITY 1223	33 De Minimis Benefits	30,654.44
15 Type of Employer	<input checked="" type="checkbox"/> Main Employer <input type="checkbox"/> Secondary Employer	34 SSS, GSIS, PHIC & PAG-IBIG Contributions and Union Dues (Employee share only)	20,701.51
Part III - Employer Information (Previous)		35 Salaries and Other Forms of Compensation	17,862.19
16 TIN		36 Total Non-Taxable/Exempt Compensation Income (Sum of Items 27 to 35)	115,275.26
17 Employer's Name		B. TAXABLE COMPENSATION INCOME REGULAR	
18 Registered Address		37 Basic Salary	368,999.48
18A ZIP Code		38 Representation	
Part IVA - Summary		39 Transportation	
19 Gross Compensation Income from Present Employer (Sum of Items 36 and 50)	514,044.97	40 Cost of Living Allowance (COLA)	
20 Less: Total Non-Taxable/Exempt Compensation Income from Present Employer (From Item 36)	115,275.26	41 Fixed Housing Allowance	
21 Taxable Compensation Income from Present Employer (Item 19 Less Item 20) (From Item 50)	398,769.71	42 Others (specify)	
22 Add: Taxable Compensation Income from Previous Employer, if applicable	0.00	42A	
23 Gross Taxable Compensation Income (Sum of Items 21 and 22)	398,769.71	42B	
24 Tax Due	29,753.94	SUPPLEMENTARY	
25 Amount of Taxes Withheld	29,753.94	43 Commission	
25A Present Employer		44 Profit Sharing	
25B Previous Employer, if applicable	0.00	45 Fees Including Director's Fees	
26 Total Amount of Taxes Withheld as adjusted (Sum of Items 25A and 25B)	29,753.94	46 Taxable 13th Month Benefits	0.00
		47 Hazard Pay	
		48 Overtime Pay	
		49 Others (specify)	
		49A OTHER TAXABLE INCOME	29,770.23
		49B	
		50 Total Taxable Compensation Income (Sum of Items 37 to 49B)	398,769.71

I/We declare, under the penalties of perjury that this certificate has been made in good faith, verified by me/us, and to the best of my/our knowledge and belief, is true and correct, pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof. Further, I/we give my/our consent to the processing of my/our information as contemplated under the "Data Privacy Act of 2012 (R.A. No. 10173) for legitimate and lawful purposes.

51 EDENREY RAMOS	Present Employer/Authorized Agent Signature over Printed Name	Date Signed	
CONFORME: 52 MANIGBAS, JOHNETTE AREVALO	Employee Signature over Printed Name	Date Signed	
CTC/Valid ID No. of Employee	Place of Issue	Date Issued	Amount paid, if CTC

To be accomplished under substituted filing

I declare, under the penalties of perjury that the information herein stated are reported under BIR Form No. 1604-C which has been filed with the Bureau of Internal Revenue.	I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Return (BIR Form No. 1700), since I received purely compensation income from only one employer in the Philippines for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604-C filed by my employer to the BIR shall constitute as my income tax return; and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 has been filed pursuant to the provisions of Revenue Regulations (RR) No. 3-2002, as amended.
53 EDENREY RAMOS	54 MANIGBAS, JOHNETTE AREVALO
Present Employer/Authorized Agent Signature over Printed Name (Head of Accounting/Human Resource or Authorized Representative)	Employee Signature over Printed Name

*NOTE: The BIR Data Privacy is in the BIR website (www.bir.gov.ph)